

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 10/18/2019
NAME OF PROVIDER OR SUPPLIER GREENHILLS HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE NASHVILLE, TN 37215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{N 000}	Initial Comments A Life Safety revisit survey was conducted on 10/18/2019 for the previous deficiencies cited on 02/10/2019. The deficiencies have been corrected, and no new non compliance was found. The facility is in compliance with all regulations surveyed.	{N 000}		

Division of Health Care Facilities

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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N 000	<p>Initial Comments</p> <p>Stories: 3 Construction Type: NFPA, II (000); IBC, II unprotected No plans available on site Constructed: 1989 Sprinklered: Yes Census: 88 Certified beds: 150</p> <p>A Life Safety Code Survey was conducted by the State of Tennessee Department of Health Division of Health Licensure and Regulations Office of Health Care Facilities on 02/10/2019. During this Life Safety Survey, Green Hills Health and Rehabilitation was found not in substantial compliance with the requirements of the Tennessee Rules and Regulations 1200-08-06, Standards for Nursing Homes, and National Fire Protection Association (NFPA) 101 Life Safety (2012 Edition).</p> <p>The requirements at 1200-080-06, Standards for Nursing Homes is NOT MET as evidenced by:</p> <p>**** All penetrations requiring fire stop shall be repaired in accordance with a tested and approved fire stop system meeting the requirements of the UL (Underwriters Laboratory) assembly to which the fire stop is being applied. The system used shall be recorded and documentation shall be maintained for the life of the installation. Fire stop systems used shall be made available to surveyors.</p>	N 000		
N 831	<p>1200-8-6-.08 (1) Building Standards</p> <p>(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a</p>	N 831		3/30/2019

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(X6) DATE

STATE FORM

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If continuation sheet 1 of 12

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N 831	<p>Continued From page 1</p> <p>manner that the safety and well-being of the residents are assured.</p> <p>This Rule is not met as evidenced by: Based on observations, the facility failed to maintain the physical plant and overall environment.</p> <p>The findings included:</p> <p>1. Observations on 02/20/2019 between 11:59 AM and 2:50 PM, revealed the facility was 3 stories in height and appeared to be constructed as Type II unprotected, structural steel observed in the interstellar spaces above the suspended ceiling on the 1st, 2nd, and 3rd floor did not appear to be protected by a fire resistive material. (The facility could not provide documents to verify construction of the building). NFPA 101, 19.1.6.1 (2012 Edition)</p> <p>This deficiency was acknowledged by the maintenance director and the administrator during a telephone conference on 02/14/2019</p> <p>2. Observation on 02/10/2019 at 11:59 AM, revealed multiple penetrations by steel pipes and metal clad wires not sealed properly in the 1 hour fire rated gypsum board walls of the 1st floor boiler/mechanical room. NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>3. Observation on 02/10/2019 at 12:09 PM, revealed gypsum board damaged the walls were not sealed to the deck and penetrations by conduits and steels pipes not sealed properly in the 2 hour labeled fire rated gypsum board walls</p>	N 831	<p>831</p> <p>Building standards state audit revealed the following deficiencies:</p> <ol style="list-style-type: none"> 1. Interstellar spaces above the suspended ceiling were not protected by fire-resistance material. 2. Multiple penetrations in steel pipes and metal clad wires were not sealed properly in the 1 hour fire rated gypsum board walls of the 1st floor boiler/mechanical room. 3. Gypsum board damaged walls were not sealed to the deck with penetrations by conduit and steel pipes not sealed properly in the 2 hour labeled fire-rated gypsum walls above the ceiling in elevator equipment room #1. 4. Walls were not sealed at the deck and penetrations by bar-joists and conduits not sealed properly in the 2 hour labeled fire-rated gypsum board walls above the ceiling around elevator equipment room #1. 5. Penetration in the gypsum board wall by 2 steel pipes and metal clad wire were not sealed properly in the 1st floor north stairwell. 6. Penetration in the gypsum board wall by 2 steel pipes and metal clad wire were not sealed properly in the 1st floor south stairwell. 	

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N 831	<p>Continued From page 2</p> <p>above the ceiling in elevator equipment room #1. NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.3.6.6 (2012 Edition)</p> <p>4. Observation on 02/10/2019 at 12:12 PM, revealed the walls were not sealed at the deck and penetrations by bar joists and conduits not sealed properly in the 2 hour labeled fire rated gypsum board walls above the ceiling around elevator equipment room #1. NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>5. Observation on 02/10/2019 at 12:18 PM, revealed penetrations in the gypsum board wall by 2 steel pipes and metal clad wire not sealed properly in the 1st floor south stairwell. NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>6. Observation on 02/10/2019 at 12:42 PM, revealed penetrations in the gypsum board wall by 2 steel pipes and metal clad wire not sealed properly in the 1st floor north stairwell. NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>7. Observation on 02/10/2019 at 12:47 PM, revealed in the corridor above the suspended ceiling a hole patched with fire caulk; blow out patch; wall unsealed at the deck; and penetrations by communication wires conduits metal pipes, and bar joists not sealed properly around the 2 hour fire rated gypsum board walls to the North stairwell on the 1st floor. NFPA 101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.3.6.6 (2012 Edition)</p> <p>8. Observation on 02/10/2019 at 12:54 PM, revealed in room 135 above the suspended</p>	N 831	<p>7. Corridor above the suspended ceiling, a hole patched with fire caulk; blow out patch; wall unsealed at deck; and penetrations by communication wires, conduits, metal pipes, and bar joists not sealed properly around the 2 hour fire-rated gypsum board walls to the north stairwell on the first floor.</p> <p>8. In room 135 above suspended ceiling, gypsum board missing at the deck and penetration by conduits and metal clad wires were not sealed properly around the 2 hour fire-rated gypsum board wall to the north stairwell on the 1st floor.</p> <p>9. The 1 hour fire-rated gypsum board wall smoke barrier wall above the ceiling in the 2nd floor electrical room was not sealed to the deck.</p> <p>10. The 1 hour fire-rated gypsum board wall above the ceiling in the 2nd floor therapy storage room was not sealed to the deck. Gypsum board was missing from wall. Penetrations by bar joists and metal clad wire were not sealed properly.</p> <p>11. The 1 hour fire-rated gypsum board wall above the ceiling in the 2nd floor east hall was not sealed to the deck. The wall had gypsum board missing, penetrations by electrical conduits, metal clad wires, communication wires, and copper pipes were not sealed properly.</p>	

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STATE FORM

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If continuation sheet 3 of 12

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STREET ADDRESS, CITY, STATE, ZIP CODE

GREENHILLS HEALTH AND REHABILITATION

**3939 HILLSBORO CIRCLE
NASHVILLE, TN 37215**

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N 831	<p>Continued From page 3</p> <p>ceiling gypsum board missing at the deck, and penetrations by conduits and metal clad wires not sealed properly around the 2 hour fire rated gypsum board walls to the North stairwell on the 1st floor. NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p> <p>9. Observation on 02/10/2019 at 1:04 PM, revealed the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd floor electrical room was not sealed to the deck. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>10. Observation on 02/10/2019 at 1:12 PM, revealed the following in the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd floor therapy storage room: not sealed to the deck, gypsum board missing from wall, penetrations by bar joist and metal clad wires not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>11. Observation on 02/10/2019 at 1:51 PM, revealed the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd floor east hall was not sealed to the deck, the wall had gypsum board missing, and had penetrations by electrical conduits, metal clad wires, communication wires and copper pipes not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>12. Observation on 02/10/2019 at 1:53 PM,</p>	N 831	<p>12. The 1 hour fire-rated gypsum board wall above the ceiling in the 2nd floor east hall in the dayroom was not sealed to the deck, and had penetrations by metal clad wires and steel pipes not sealed properly.</p> <p>13. 1 hour gypsum board smoke barrier wall in 2nd floor north above ceiling in room 224 was not sealed to the deck and had penetrations by metal conduits, metal clad wires, and flexible conduits not sealed properly.</p> <p>14. The 1 hour fire-rated gypsum board smoke barrier wall above the 2nd floor north ceiling in 223 was not sealed to the deck. Wall had gypsum board missing and had penetrations by steel pipes, metal clad wires, and bar joists not sealed properly.</p> <p>15. The 1 hour fire-rated gypsum board smoke barrier wall above the 2nd floor north ceiling in 225 was not sealed to the deck. Penetrations by steel pipes, metal clad wires, and electrical conduits.</p> <p>16. The 1 hour fire-rated gypsum board smoke barrier wall above the 2nd floor north ceiling in 226 was not sealed to the deck. Penetrations of metal clad wiring, electrical conduits not sealed properly.</p> <p>17. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor ceiling room 325 was not sealed to the deck. Penetrations by steel pipes and electrical conduits not sealed properly.</p>	

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N 831	<p>Continued From page 4</p> <p>revealed the 1 hour fire rated gypsum board smoke barrier wall above the ceiling in the 2nd floor east hall in the day room was not sealed to the deck, and had penetrations by metal clad wires, and steel pipes not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>13. Observation on 02/10/2019 at 2:00 PM, revealed the 1 hour fire rated gypsum board 2nd floor North smoke barrier wall above the ceiling in room 224 (observed from corridor) was not sealed to the deck, and had penetrations by electrical conduits, metal clad wires, and flexible conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>14. Observation on 02/10/2019 at 2:03 PM, revealed the 1 hour fire rated gypsum board 2nd floor North smoke barrier wall above the ceiling in room 223 (observed from corridor) was not sealed to the deck, the wall had gypsum board missing, and had penetrations by steel pipes, metal clad wires, and bar joists not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>15. Observation on 02/10/2019 at 2:05 PM, revealed the 1 hour fire rated gypsum board 2nd floor North smoke barrier wall above the ceiling in room 225 (observed from corridor) was not</p>	N 831	<p>18. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor north ceiling room 324 not sealed the deck. Penetrations by electrical conduits not sealed properly.</p> <p>19. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor north ceiling in room 327 were not sealed the deck. Penetrations by steel pipes, metal clad wires, and electrical conduits were not sealed properly.</p> <p>20. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor north ceiling room 326 was not sealed the deck. Penetrations by metal clad wiring, electrical conduits not sealed properly.</p> <p>21. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor south ceiling in room 301 was not sealed the deck. Penetrations by metal clad wiring and electrical conduits not sealed properly.</p> <p>22. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor south ceiling room 302 was not sealed the deck.</p> <p>23. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor south ceiling in room 301 was not sealed the deck. Penetrations by metal clad wiring and electrical conduits not sealed properly.</p>	

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N 831	<p>Continued From page 5</p> <p>sealed to the deck, and had penetrations by steel pipes, metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>16. Observation on 02/10/2019 at 2:07 PM, revealed the 1 hour fire rated gypsum board 2nd floor North smoke barrier wall above the ceiling in room 226 (observed from corridor) was not sealed to the deck, and had penetrations metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>17. Observation on 02/10/2019 at 2:13 PM, revealed the 1 hour fire rated gypsum board 3rd floor North smoke barrier wall above the ceiling in room 325 (observed from corridor) was not sealed to the deck, and had penetrations by steel pipes, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>18. Observation on 02/10/2019 at 2:14 PM, revealed the 1 hour fire rated gypsum board 3rd floor North smoke barrier wall above the ceiling in room 324 (observed from corridor) was not sealed to the deck, and had penetrations by electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA</p>	N 831	<p>24. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor south ceiling in room 303 was not sealed the deck. Penetrations by metal clad wires and electrical conduits not sealed properly.</p> <p>25. The wall at the deck was not sealed and penetrations by bar joists not sealed properly in the 2 hour labeled gypsum board walls above the ceiling in elevator shaft #2 on 3rd floor.</p> <p>26. The 1 hour fire-rated gypsum board smoke barrier wall above the 3rd floor south ceiling in wound care office was not sealed the deck. Penetrations by unit strut and angle steel not sealed properly.</p> <p>Contractor Bluefire Firestop, LLC to complete all noted repairs.as been contracted to complete needed repairs on 3/6/2019. Work is to begin 3/11/2019. Workers will be here Monday thru Friday with the estimated time frame of 6 weeks has been given.</p>	

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N 831	<p>Continued From page 6</p> <p>101. 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>19. Observation on 02/10/2019 at 2:17 PM, revealed the 1 hour fire rated gypsum board 3rd floor North smoke barrier wall above the ceiling in room 327 (observed from corridor) was not sealed to the deck, and had penetrations by steel pipes, metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>20. Observation on 02/10/2019 at 2:18 PM, revealed the 1 hour fire rated gypsum board 3rd floor North smoke barrier wall above the ceiling in room 326 (observed from corridor) was not sealed to the deck, and had penetrations by metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>21. Observation on 02/10/2019 at 2:23 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in room 301 (observed from corridor) was not sealed to the deck, and had penetrations by metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>22. Observation on 02/10/2019 at 2:25 PM,</p>	N 831	<p>An inspection of above ceiling fire walls will be completed monthly by the Maintenance director/designee.</p> <p>Any above ceiling work to be completed will have the maintenance Director/designee present. Any Fire Wall the penetration will be required will be coordinated with the building and Blue Stop Fire for needed repairs.</p> <p>Results on above ceiling fire wall inspections and repairs will be reported to the monthly QAPI meeting 3/30/2019</p>	

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N 831	<p>Continued From page 7</p> <p>revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in room 302 (observed from corridor) was not sealed to the deck. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>23. Observation on 02/10/2019 at 2:26 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in room 301 (observed from corridor) was not sealed to the deck, and had penetrations by metal clad wires, and electrical conduits not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>24. Observation on 02/10/2019 at 2:27 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in room 303 was not sealed to the deck, and had penetrations by metal clad wires and electrical conduit not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition)</p> <p>25. Observation on 02/10/2019 at 2:28 PM, revealed the wall at the deck was not sealed and penetrations by bar joists not sealed properly in the 2 hour labeled fire rated gypsum board walls above the ceiling in elevator shaft #2 on the 3rd floor. NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition)</p>	N 831		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2019
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NAME OF PROVIDER OR SUPPLIER GREENHILLS HEALTH AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE NASHVILLE, TN 37215
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N 831	Continued From page 8 26. Observation on 02/10/2019 at 2:27 PM, revealed the 1 hour fire rated gypsum board 3rd floor South smoke barrier wall above the ceiling in the wound care office was not sealed to the deck, and had penetrations by unit strut and angle steel not sealed properly. NFPA 101, 19.3.7.3 (2012 Edition) NFPA 101, 8.5.3 (2012 Edition) NFPA 101, 8.5.6.3 (2012 Edition) NFPA 101, 8.3.1.2 (2012 Edition) NFPA 101, 8.3.5.1 (2012 Edition) NFPA 101, 8.5.7.4 (2012 Edition) The Maintenance Director was present when these deficiencies were identified and these deficiencies was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director during the exit conference on 02/10/2019.	N 831		
N 835	1200-8-6-.08 (5) Building Standards (5) No new nursing home shall be constructed, nor shall major alterations be made to an existing nursing home without prior written approval of the department, and unless in accordance with plans and specifications approved in advance by the department. Before any new nursing home is licensed or before any alteration or expansion of a licensed nursing home can be approved, the applicant must furnish two (2) complete sets of plans and specifications to the department, together with fees and other information as required. Plans and specifications for new construction and major renovations, other than minor alterations not affecting fire and life safety or functional issues, shall be prepared by or under the direction of a licensed architect and/or a licensed engineer and in accordance with the rules of the Board of Architectural and Engineering Examiners.	N 835	The residential style hood suppression system on the residential style stove in the Therapy Apartment cord was removed to make in inoperable on 3/5/19 There are no other hood suppression systems outside the kitchen Facility is to obtain plans and submit to the Department of Health for approval before the residential style Hood Suppression will be operable. Maintenance director was educated by the Nursing Home Administrator that alterations or construction without prior approval from the Department of Health. Any construction or major renovation will be presented to the monthly QAPI Committee for approval.	3/30/2019

Division of Health Care Facilities

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2019
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

GREENHILLS HEALTH AND REHABILITATION

**3939 HILLSBORO CIRCLE
NASHVILLE, TN 37215**

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N 835	Continued From page 9 This Rule is not met as evidenced by: Based on interview, the facility conducted renovation without prior approval from the Tennessee Department of Health. The findings included: Interview with Maintenance Director on 02/10/2019 at 11:38 AM, revealed the facility installed a residential style hood suppression system on the residential style stove in the therapy apartment without prior approval from the Tennessee Department of Health. The Maintenance Director was present when this deficiency was identified and this deficiency was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director during the exit conference on 02/10/2019.	N 835		
N1410	1200-8-6-.14(2)(a)5.(ii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for	N1410	<ul style="list-style-type: none"> - 2018 Annual Earthquake drills were completed on March 2, 2018 and September 28, 2018. - The 2019 Annual Earthquake drill/training will be completed by March 15, 2019. - The Annual Training for Earthquake drills will be scheduled annually - Results of the Earthquake training will be presented to the Monthly QAPI committee. 	3/30/2019

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: TN1916	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2019
NAME OF PROVIDER OR SUPPLIER GREENHILLS HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE NASHVILLE, TN 37215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1410	Continued From page 10 at least three (3) years. (ii) External disaster procedures plan (for tornado, flood, earthquake), to be exercised prior to March, shall include: (I) Staff duties by department and job assignment; and, (II) Evacuation procedures. This Rule is not met as evidenced by: Based on document review, revealed the facility failed to exercise the external disaster procedures plan prior to march annually The findings included: Document review on 02/10/19 at 10:50 AM, the facility could not provide documentation of an earthquake drill during 2018. The Maintenance Director was present when these deficiencies were identified and these deficiencies was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director during the exit conference on 02/10/2019.	N1410		
N1411	1200-8-6-. 14(2)(a)5.(iii) Disaster Preparedness (2) Physical Facility and Community Emergency Plans. (a) Physical Facility (Internal Situations). 5. Each of the following disaster preparedness plans shall be conducted annually prior to the month listed in the plan. Drills are for the	N1411	Disaster preparedness: - The bomb threat drill training documentation for 2018 was not available to surveyor. The 2018 bomb threat drill was completed on March 2, 2018.	

Division of Health Care Facilities

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NAME OF PROVIDER OR SUPPLIER GREENHILLS HEALTH AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 3939 HILLSBORO CIRCLE NASHVILLE, TN 37215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
N1411	<p>Continued From page 11</p> <p>purpose of educating staff, resource determination, testing personnel safety provisions and communications with other facilities and community agencies. Records which document and evaluate these drills must be maintained for at least three (3) years.</p> <p>(iii) Bomb Threat Procedures Plan, to be exercised at any time during the year:</p> <p>(I) Staff duties by department and job assignment; and,</p> <p>(II) Search team, searching the premises.</p> <p>This Rule is not met as evidenced by: Based on document review, revealed the facility failed to exercise the internal disaster procedures plan prior to march annually</p> <p>The findings included:</p> <p>Document review on 02/10/19 at 10:50 AM, the facility could not provide documentation of a bomb threat drill during 2018.</p> <p>The Maintenance Director was present when these deficiencies were identified and these deficiencies was acknowledged by the Regional Staff Development Manager and the Rehabilitation Program Director during the exit conference on 02/10/2019.</p>	N1411	<ul style="list-style-type: none"> - The 2019 Bomb threat drill/training will be completed by March 15, 2019. - The 2019 Annual Earthquake drill/training will be completed by March 15, 2019. - The Annual Training for Bomb threat drill will be scheduled annually - Results of the Bomb Threat drills/training will be presented to the Monthly QAPI committee. 	3/30/2019